

MEDICAL FOSTER CARE ASSESSMENT TOOL

PURPOSE:

To provide a tool for the Children's Services Worker (CSW) to assess the need of a foster child for Medical Foster Care (MFC), and to refer that child, through supervisory channels, for approval. This form should be used in conjunction with other appropriate information to document the child's eligibility for MFC.

NUMBERS OF COPIES AND DISTRIBUTION:

This is a three part self-carboning form. The original copy (white) and the second copy (canary) shall be submitted by the case manager, through supervisory lines, for approval. The staff person determining eligibility will return the original copy to the case manager. The second copy may either be destroyed or retained. The third copy (pink) shall be retained by the case manager until the original is returned.

INSTRUCTIONS FOR COMPLETION:

SECTION I: Identifying Information

Eligible-Non-Eligible: The appropriate finding shall be checked and the person making the determination will date and sign the form.

Field 3. Date Evaluated: The date the case manager completes the form.

Field 7. County of Residence: The county where the child is presently residing, whether or not he/she is in foster care.

Field 9. Expected Time MFC Required: The case manager should estimate the months/years the child may need Medical Foster Care.

Field 10. Parent's Name: The parent(s) involved in the case plan should be entered. If there is more than one parent and they do not reside together enter the name of the parent who is most actively involved with the child.

Field 11. Parent's Address: The complete address, including city and state, should be entered.

SECTION II: Directions for this section are on the form. Care should be taken to make this information understandable to the staff persons reviewing it. The more comprehensive the documentation, the more likely a decision can be made as to the eligibility of the child.

SECTION III: Checklist:

The directions for the completion of this section can be found on the form. The CSW should use their knowledge of the child, as well as, information supplied by natural parents, foster parents, other professionals and/or the child to realistically assess the needs of the child. Special note should be taken that this form shall be completed based on the child's disability and not his/her age.

SECTION IV: Comments

The CSW should , on a separate sheet(s), indicate any other information, not included in this form or accompanying information, which will document the need for MFC.

Case Manager Signature: The person completing this form should sign.

Materials Attached: This will assist the reviewer in determining if additional documentation has been attached.

INSTRUCTIONS FOR RETENTION:

The original form shall be retained until the child's total record is destroyed.